

AGENCY LETTERHEAD¹

Date

State Registrar
Bureau of Health Statistics and Registries
555 Walnut St., Sixth Floor
Harrisburg, PA 17101

To Whom It May Concern,

I am the advocate for [ENTER APPLICANT NAME AS IT APPEARS ON APPLICATION]^{2 3}. My relationship to the applicant is [ENTER RELATIONSHIP]⁴, of [ENTER FACILITY / AGENCY / ORGANIZATION LEGAL NAME]⁵. By my signature I attest to the identity of the applicant named above, and that the applicant is [ENTER APPROPRIATE HOMELESSNESS OR FOSTER / JUVENILE JUSTICE STATEMENT] Ex: involved with either the foster care system or juvenile justice system [OR] experiencing homelessness.

[ENTER LIST OF MULTIPLE APPLICANTS HERE IF APPLICABLE. SEE FOOTNOTE 3]

I can be contacted at [AGENCY PHONE NUMBER], email: [AGENCY EMAIL]⁶

[SIGNATURE]
[NAME]
[TITLE]
[ORGANIZATION]

INSTRUCTIONS

¹ Agency letterhead must include the agency's mailing address.

² Applicant name must match the birth certificate application.

³ An advocate may submit one letter for multiple applicants. Enter SEE BELOW here, and list out each applicant. List of applicants must appear on the same page as the signature, and may not be an attachment.

⁴ Relationship must be a professional youth-assistance / youth development position, either a paid or volunteer.

⁵ Organization must match letterhead.

⁶ Phone number and email must be current. This provides the Bureau with a contact in case of questions.